Pro Se 15 (Rev. 12/16) Complaint for Violation of Civil Rights (Non-I	ATES DISTRICT COURT NEW MEN	— 1 2HX
	for the District of	
Plaintiff(s) (Write the full name of each plaintiff who is filing this complain if the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an addition page with the full list of names.)	July Illai. (check one)	INH COLL
Defendant(s) (Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, pleat write "see attached" in the space and attach an additional pay with the full list of names. Dollnot include addresses here.)	ase) T 3 TS	<u>n</u>
	r VIOLATION OF CIVIL RIGHTS 1-Prisoner Complaint) 10. 55	<i>-</i>
	NOTICE	

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

RECEPTED

NOV 27 2023

CLERK U.S. DISTRICT COURT Provide the information below for each plaintiff named in the complaint. Attach additional pages if

The Parties to This Complaint I.

A. The Plaintiff(s)

В.

needed.	To do do
Name	LOPHANN (SVEKINA)
Address	
	City State Zip Code
County	Cincoln Fegival Center 801 We
Telephone Number	Prospector Piaco
E-Mail Address	1 function NE Cosyll
The Defendant(s)	J.
ndividual, a government agency nclude the person's job or title (for each defendant named in the complaint, whether the defendant is an y, an organization, or a corporation. For an individual defendant, (if known) and check whether you are bringing this complaint against y or official capacity, or both. Attach additional pages if needed.
Defendant No. 1	Ola O. C. app
Name	Police Cher _ O.P D.
Job or Title (if known)	
Address	
•	Onava NE 68102 City State Zip Code
County	•
Telephone Number	
E-Mail Address (if known)	
	Individual capacity Official capacity
Defendant No. 2	17 10
Name	(Hicer, T) plantout
Job or Title (if known)	
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County	City State Zip Code
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Telephone Number	Individual capacity Official capacity

Name Job or Title (If known) Address City State Zip Code	Def	fendant No. 3			
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County Telephone Number E-Mail Address (if known) Individual capacity Official capacity Defendant No. 4 Name Job or Title (if known) Address City State Zip Code		Job or Title (if known)			
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D. Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

III. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

A. Where did the events giving rise to your claim(s) occur?

Whitmore Minna Lvita bl. North omaha NE: 68112

B. What date and approximate time did the events giving rise to your claim(s) occur?

10/31/2022 between Copm. 8pm.

C. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)

That by Officer broadland in tall His victor my test shoulder shoulder. From O.P.D.

It was night Holloween event every year. There was large and of Witnesses. There Also Video footage of the

IV. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

Five teeth to my LEFT mouth was taking Also
plate from my Jaw Was Shockee. Also gun shot
wound Under My Shoulder.

V. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

\$10,000,000.00

VI. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attor

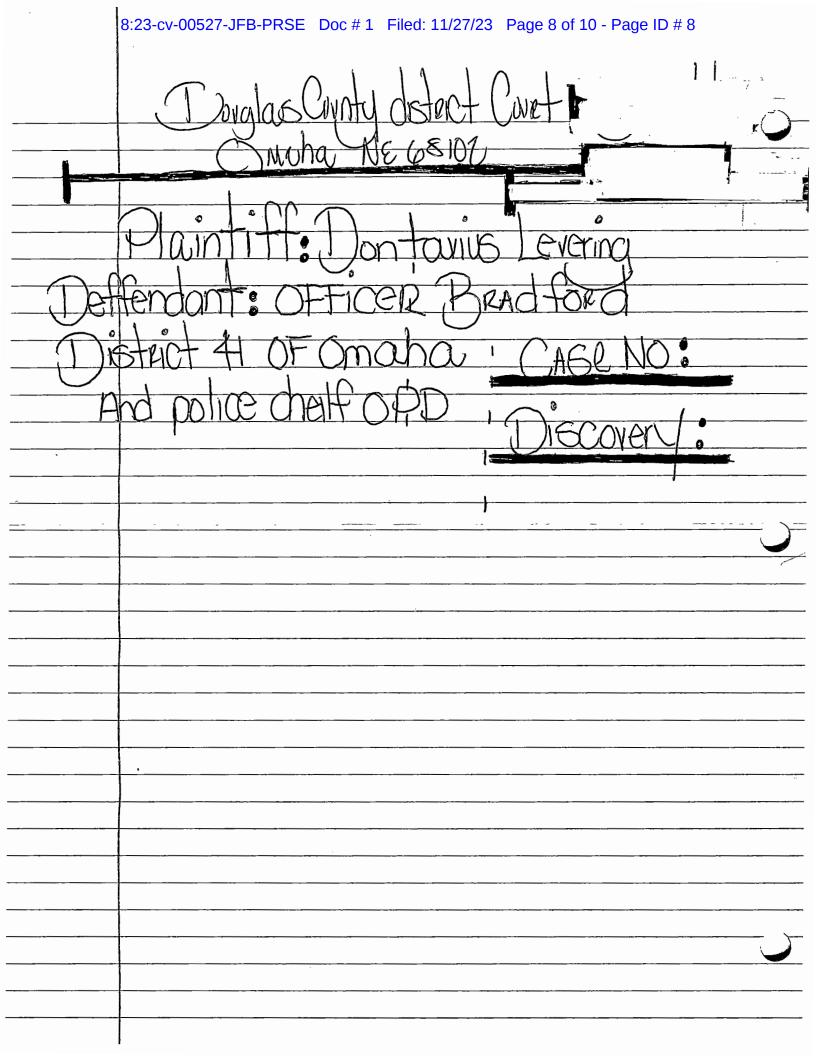
Data of signings

B.

I agree to provide the Clerk's Office with any changes to my address where case—related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing.					Complete SA
Signature of Plaintiff		,			
Printed Name of Plaintiff					
-	- ~-		-		
For Attorneys					
Date of signing:					
Signature of Attorney					
Printed Name of Attorney					
Bar Number					
Name of Law Firm					
Address			_		
•					
		City		State	Zip Code
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NE. 68102

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